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21005

7596

10/06/2010

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 530 VIRGINIA ROAD
 P.O. BOX 9133
 CONCORD, MA 01742-9133

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(Depository name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	PRINT NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/716,360

11/18/2003

Robert J. Thomas

1440,2032-661

6678

TITLE OF INVENTION: GAS SYSTEMS AND METHODS FOR ENABLING RESPIRATORY STABILITY

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$755

\$300

\$0

\$1055

01/06/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PATEL, NIHIL B

3772

128-204180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.355).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB-122, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNER

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Beth Israel Deaconess Medical Center, Inc.

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☒ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name Mary Lou Wakimura

Registration No

31,804

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